

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1
CITY CLERK DEPARTMENT

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # 2003 APR 23 To Pages filed 8
(Ethics Commission)3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

ANTHONY

W

NICKNAME

LAST

SUFFIX

COBOS

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4047 EMORY E1 PASO, TX 79922

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

DAVID

NICKNAME

LAST

SUFFIX

MARCUS

CPA

Receipt #

Amount

Date Processed

Date Imaged

o

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6090 SURETY St 100
E1 PASO, TX 799057 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 775-1040

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

04 / 04 / 2003

THROUGH

Month

Day

Year

04 / 23 / 2003

10 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 2003

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

11 OFFICE

OFFICE HELD (if any)

CITY REP. DIST. #8

12 OFFICE SOUGHT (if known)

SAME

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 25.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3335.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 579.01

4. TOTAL POLITICAL EXPENDITURES

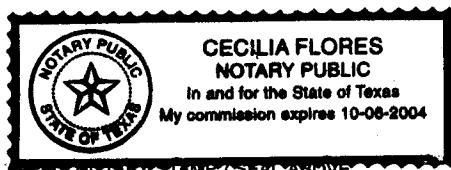
\$ 9710.89

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Anthony W. Cobos
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anthony W. Cobos, this the 25th day of April, 20 03, to certify which, witness my hand and seal of office.

Cecilia Flores
Signature of officer administering oath

Cecilia Flores
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

ANTHONY W. COBOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

SEE ATTACHED

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
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SCHEDULE A

DATE	NAME OF CONTRIBUTOR	ADDRESS,CITY,ST,ZIP	AMOUNT	OCCUPATION
4/1/2003	Associated General Contractors	4625 Ripley Dr. El Paso, TX 79922	250.00	• PAC
4/1/2003	Richard Naceem	2330 Montana, El Paso, TX 79903	50.00	• Businessman
4/2/2003	El Paso Assoc. of Builders PAC	6046 Surety Dr, El Paso, TX 79905	500.00	• PAC
4/3/2003	Gonzalo and Sofia Garcia	PO BOX 21, Canutillo, TX 79835	60.00	•
4/9/2003	William and Mamie Harper	5026 Montana Ave, El Paso, TX 79903	100.00	•
4/11/2003	W.L. and Gayle Hunt	PO BOX 12220, El Paso, TX 79913	750.00	• Businessman
4/14/2003	Lance and Mary Ruck	4704 Post Way, El Paso, TX 79903	50.00	• Retired
4/15/2003	Carroll S. Maxon	4820 Olmos, El Paso, TX 79922	275.00	•
4/15/2003	J.D. Gilmer	PO BOX 3703 Ste A, El Paso, TX 79923	150.00	✓ Businessman
4/15/2003	Associated General Contractors	4625 Ripley Dr. El Paso, TX 79922	250.00	• PAC
4/15/2003	Texas Assoc of Realtors PAC	PO BOX 1986, Austin, TX 78767	250.00	• PAC
4/16/2003	Yusuf and Maria Farran	6737 Mesa Grande, El Paso, TX 79912	100.00	• Engineer
4/18/2003	Manuel A. Perez	121 Masquerade Ln, El Paso, TX 79912	50.00	•
4/23/2003	Juan and Nora Garay	441 De Soto, El Paso, TX 79912	150.00	•
4/23/2003	Jim R. Phillips	900 Thunderbird, El Paso, TX 79912	200.00	• Banker
4/24/2003	Maria G. Ibarra	3649 Alhambra Ln, El Paso, TX 79936	150.00	• Realtor
Total as of April 25, 2003			<u>\$ 3,335.00</u>	

SCHEDULE F

DATE	PAYEE NAME	ADDRESS, CITY, ST, ZIP	AMOUNT	PURPOSE
4/4/2003	H & H Mailing	9020 Maylfower, El Paso, TX 79925	1010.30	Mailout
4/4/2003	Robert Alvarado	11931 Van Gogh, El Paso, TX 79936	215.00	Campaign Worker
4/8/2003	Mimco	6500 Montana, El Paso, TX 79925	187.50	Campaign Headquarters
4/8/2003	PDX Printing	100 Porfirio Diaz, El Paso, TX 79901	1421.70	Printing
4/8/2003	Home Depot	7545 N Mesa, El Paso, TX 79912	212.65	Supplies
4/8/2003	Caspar Garzon	429 Lomaland Apt B, El Paso, TX 79907	65.00	Campaign Worker
4/9/2003	Davids Pennants & Banners	9911 Carnegie, El Paso, TX 79925	1190.75	Signs
4/9/2003	Davids Apparel	9901 Carnegie, El Paso, TX 79925	541.25	Shirts
4/9/2003	Robert Alvarado	11931 Van Gogh, El Paso, TX 79936	200.00	Campaign Worker
4/11/2003	H & H Mailing	9020 Maylfower, El Paso, TX 79925	374.76	Mailout
4/11/2003	PDX Printing	100 Porfirio Diaz, El Paso, TX 79901	960.95	Printing
4/11/2003	Robert Alvarado	11931 Van Gogh, El Paso, TX 79936	100.00	Campaign Worker
4/12/2003	Caspar Garzon	429 Lomaland Apt B, El Paso, TX 79907	50.00	Campaign Worker
4/14/2003	The Paper Chase	2601 N. Mesa, El Paso, TX 79902	665.74	Printing
4/14/2003	Go Direct	8400 Boeing Dr. El Paso, TX 79925	518.00	Mailout
4/14/2003	Paul Street	208 Landford, Anthony, NM 88021	125.00	Campaign Worker
4/17/2003	Peter Piper Pizza	6015 N. Mesa, El Paso, TX 79912	138.80	Campaign Workers
4/18/2003	Robert Alvarado	11931 Van Gogh, El Paso, TX 79936	260.00	Campaign Worker
4/19/2003	Caspar Garzon	429 Lomaland Apt B, El Paso, TX 79907	50.00	Campaign Worker
4/24/2003	Davids Pennants & Banners	9911 Carnegie, El Paso, TX 79925	125.31	Signs
4/25/2003	Bernie Rosenblum	224 Overland, El Paso, TX 79901	250.00	Photographer
4/25/2003	Guadalupe Gamez M.A.	4800 N Stanton #147, El Paso, TX 79902	325.00	Text Translation
4/25/2003	Gail Morimer		145.00	Text Editing Proofreading
4/25/2003	Anthony Cobos	4047 Emory, El Paso, TX 79922	411.75	Reimburse Expenses
4/25/2003	Anthony Cobos	4048 Emory, El Paso, TX 79922	166.43	Reimburse Expenses
Total as of April 25, 2003			<u>\$ 9,710.89</u>	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1**2** FILER NAMEANTHONY W. COBOS**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee nameSee Attached.**7** Amount
(\$)**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

ANTHONY W. COBOS

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

ANTHONY COBOS

9 Loan Amount (\$)

578.18

6 Is lender a
financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

4047 EMORY
EI PASO, TX 79922

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

